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 AUG 27 2012  
 KCC WICHITA

KANSAS CORPORATION COMMISSION  
 OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1  
 June 2009  
 Form Must Be Typed  
 Form must be Signed  
 All blanks must be Filled

OPERATOR: License # 34455  
 Name: Glori Holdings, Inc.  
 Address 1: 4315 South Drive  
 Address 2: \_\_\_\_\_  
 City: Houston State: TX Zip: 77053 + \_\_\_\_\_  
 Contact Person: Tom Holland  
 Phone: (832) 412-1436  
 CONTRACTOR: License # \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 Purchaser: \_\_\_\_\_

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:  
 Operator: Anadarko Petroleum Corp.  
 Well Name: Etzold Unit North 3-5  
 Original Comp. Date: 01/25/1987 Original Total Depth: 6420'  
 Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: E24960  
 GSW    Permit #: \_\_\_\_\_  
8/2/12    Date Reached TD    08/02/2012    Completion Date or Recompletion Date

API No. 15 - 175-20741 20919-00-01  
 Spot Description: \_\_\_\_\_  
SW NE SW Sec. 22 Twp. 33 S. R. 34  East  West  
1,980 1896 Feet from  North /  South Line of Section  
3,898 3544 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
 County: Seward  
 Lease Name: Etzold Unit North Well #: 3-5  
 Field Name: Shuck  
 Producing Formation: Lower Chester  
 Elevation: Ground: 2892' Kelly Bushing: \_\_\_\_\_  
 Total Depth: 6420' Plug Back Total Depth: 6333'  
 Amount of Surface Pipe Set and Cemented at: 1637 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: \_\_\_\_\_  
 feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
 Dewatering method used: \_\_\_\_\_  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

**AFFIDAVIT**  
 I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.  
 Signature: Tom Holland  
 Title: Mgr. Land & Acq. Date: 8/22/12

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
 Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III WDO Approved by: Dlg Date: 8/30/12

Operator Name: Glori Holdings, Inc. Lease Name: Etzold Unit North Well #: 3-5  
 Sec. 22 Twp. 33 S. R. 34  East  West County: Seward

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

|  |   |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br>Name Top Datum |
|--|---|

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| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used  |                   |                           |                   |               |                |              |                            |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. |                   |                           |                   |               |                |              |                            |
| Purpose of String   | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

**KCC WICHITA**

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:<br>_____ Perforate<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|  |                  |                |              |                            |
|  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |

|  |           |  |                                   |
|--|-----------|--|-----------------------------------|
| TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>6120'</u> Packer At: _____ |           | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |
| Date of First, Resumed Production, SWD or ENHR.<br><u>TBD</u>            |           | Producing Method:<br><input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |                                   |
| Estimated Production Per 24 Hours  | Oil Bbls. | Gas Mcf  | Water Bbls. Gas-Oil Ratio Gravity |

|   |   |  |
|---|---|--|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|---|--|